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CURRENT CORRESPOND	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
Patrick W. Ras Armstrong Tease One Metropolita	I hereby certify that this Feed's Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Ston ISSUE FEE address above, or being facsimile transmitted to the USPTO (771) 273-2885, on the date indicated below.						
Saint Louis, MO	(Depositor's name)						
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							(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/600,107 06/20/2003			Prathyusha K. Salla		132535		7816
TITLE OF INVENTION: SYSTEMS AND METHODS FOR RETROSPECTIVE INTERNAL GATING							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	05/12/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
AZARIAN, SEYED H		2624	382-128000		-		
I. Change of correspond: CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	ondence address (or Cha 3/122) attached.		registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Inless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) (E) Medical Systems Global Technology Company, LLC Waukesha, Wisconsin Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
					<u> </u>		
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above) A check is enclosed.							shown above)
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				rector is hereby authorized to charge the required fee(s), any deficiency, or credit any rement, to Deposit Account Number 012384 (enclose an extra copy of this form).			
5. Change in Entity Sta	tus (from status indicate	d above)			-		
a. Applicant claim	s SMALL ENTITY stat	us. See 37 CFR 1.27.		longer claiming SMA			
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Authorized Signature	2000	WANA				ary 22, 200	
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